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Board of Adult Care Home Administrators

Application for Reinstatement

Kansas Adult Care Home Administrator License

A Kansas adult care home administrator license may be reinstated upon meeting requirements of K.S.A. 65-3503(d) and K.A.R. 28-38-23. Please complete this application documenting at least 50 clock hours of continuing education, with a minimum of 10 hours is in resident care and 30 hours in administration, and return it with completed Information Inventory, proof of your social security number, and appropriate reinstatement and renewal fees.

License # _____ Social Security Number _____

Name _____ Other name used _____

Address _____

City _____ State _____ Zip _____

Phone: Work (_____) _____ Home(_____) _____

RECORD OF CONTINUING EDUCATION CLOCK HOURS

Clock hours submitted for the purpose of reinstatement shall be earned within the licensure period immediately preceding application for reinstatement.

PRIOR APPROVED PROGRAMS: record approval number, title, date and hours. You must submit verification of attendance for all prior approved programs listed.

PROGRAMS NOT PRIOR APPROVED: record title, date and hours below. You must submit 1) course content, 2) objectives, 3) time frame of educational activity and 4) verification of attendance.. *(Note - hours exclude time allotted for regulations, breaks, lunch, business meetings, etc. Credit for full hour or half hour only)*

Approval Number	Program Title	Date	Resident Care 10 hours minimum	Administration 30 hours minimum	Electives maximum 10 hours

(Please complete the remainder of the application on the back of this page.)

License in Another State

List all states in which you have ever held an adult care home administrator license since obtaining your Kansas license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

For each state, complete Part I of the *Verification of License* form, request that state's board complete Part II and return verification to the Kansas board.

Disciplinary Action - This information is required under Kansas law: KSA 65-3503(a)

Has any license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked or subjected to any other disciplinary action? **Y / N**

If YES, please explain:

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y / N** . If YES, please indicate:

Date of conviction: _____

Crime of which convicted: _____

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

Signature: _____ **Date:** _____

PLEASE NOTE: YOUR SIGNATURE MUST BE NOTARIZED

<p>SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this _____ day of _____, 20____</p> <p>_____ (Notary Public)</p> <p>My appointment expires: _____</p>

Submit application, fee and supporting documents to:

Health Occupations Credentialing
Kansas Department of Health
1000 West 16th Street, Suite 100
Topeka, KS 66604